


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006750**  
 1. Entity Name  
**COMMUNITY BENEFIT NETWORK, INC.**



Principal Place of Business 3110 FIRST AVE N. 5W ST PETERSBURG, FL 33713	Mailing Address 3110 FIRST AVE N. 5W ST PETERSBURG, FL 33713
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02062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3592226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROUSON, DARRYL E ESQUIRE  
 3110FIRST AVE. M. #5W  
 ST PETERSBURG, FL 33713

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROUSON, DARRYL 3110 FIRST AVE N #5W ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLMES-ROUSEN, ANGELA 3110 FIRST AVE N #5W SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAY-FLOWERS, STACY 3110 FIRST AVE. N. #5W ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, LEILA 3110 FIRST AVE. N. SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000057920  
 02/20/04-80009-002 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Stacy L. Ray-Flowers 2/16/04 (727) 322-2777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #